

Supporting the Elderly: Workplace Programs for Employed Caregivers

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How can I overlook all the times she has come in late? And she spends hours on the telephone. I know she is talking to the social worker about getting some help for her father, but it puts a burden on the rest of the staff.

Supervisor of a large insurance company

I never thought it would happen to me. Suddenly, I was on the telephone, taking days off, worried about my mother when I was at work and wondering how this would ever end.

Human resources manager of a large
financial institution

THE MAJORITY OF OLDER PEOPLE LIVE IN THE community and are cared for informally by spouses, adult children and grandchildren, neighbors, and volunteers, who constitute an essential support system for older people. Because women, the traditional informal caregivers, have been entering the work force in record numbers, there is increasing potential for conflict between work and family responsibilities. At the same time, because the population is

aging and living longer, more older people need informal and family support. The burdens associated with combining work and caregiving have had an impact on both caregiving employees and their employers, thus becoming a workplace issue.

Recently, employers have been responding formally to the needs of workers with dependent elders by initiating flexible work schedules and providing information about resources for caregivers and their dependents. In this article we will synthesize current information about workplace assistance for employee caregivers and identify areas that require research and policy consideration. We will outline the problems eldercare is intended to address and describe types of eldercare activities fostered by employers, as well as their prevalence and effectiveness. We will then discuss policy and research issues.

To date, the limited workplace response to the demographic pressures of employed caregivers raises several questions. First, what models are being used as the basis for designing eldercare activities that are appropriate for various sizes and types of organizations? Do these activities complement, or can they be integrated into, existing community services? Such questions must be considered in order to assess the type and frequency of services that are needed by elders and their caregivers.

Second, which employers adopt eldercare activities and why? Those who do may contribute to community care for older people as well as working to maintain the caregiver's employment. We need to know the characteristics of companies that have initiated such activities in order to guide other employers in making efforts to recognize and support caregiving employees.

Third, what is the value to the employer of eldercare and what does employee caregiving cost the employer? Estimates must take into account the costs not only of the eldercare program or activity, but also of the lost productivity and turnover that have resulted without such programs: impaired performance, lost work time, illness stemming from caregiver responsibilities, finding and training a replacement for an employee who leaves work for full-time caregiving. These costs are estimated to average \$2,500 per employee caregiver annually (Scharlach, Lowe, and Schneider 1991).

Finally, assistance for employed caregivers must be considered within the context of both employer-sponsored benefits and federal and state legislation affecting employee benefits and work conditions. Eldercare has been called the "employee benefit of the 1990s" (Friedman 1986).

As a component of dependent care, it raises questions of equity in providing family care benefits across the life course. Employer responsibility for eldercare is a growing but relatively recent phenomenon, which may be filling a gap in family needs (Kamerman and Kahn 1987; Galinsky, Hughes, and David 1990). Yet employer-based solutions have not been assessed for either appropriateness or adequacy, nor have alternatives to workplace programs for eldercare been fully considered.

Background: Informal Caregiving and Work

Caregivers and Their Characteristics

Who Is a Caregiver? Researchers usually define caregivers by the characteristics of the care recipient (e.g., age, level of dependency) and by amount and types of care provided (e.g., hours spent per week in personal care). We use the term “caregiver” to encompass care provided to elderly relatives or friends, and to nonelderly disabled persons, either directly or indirectly, including making arrangements and providing care long distance. The term “eldercare” refers to employer-sponsored policies, benefits, and programs to assist employees in continuing to work while providing informal support for elders (Barr et al. 1989).

Determining the prevalence and impact of caregiving, with its implications for employer responses, varies according to how it is defined. For example, infrequent use of workplace resource and referral programs that are linked to community services may indicate that employees turn to these programs when there is a crisis or in response to a complex situation, rather than on a regular basis. Were they available at the “precaregiver” stage, such programs might be more widely used as employees consider future responsibilities. From the employer’s perspective, interventions may be necessary to deal with any family issue that causes disruption in the employee’s work life.

Prevalence. Although the definitions of caregiving vary in different studies, recent estimates provide information on the scope of the problem. Data from the 1984 National Long Term Care Survey found that 4.2 million spouses and children of disabled elders are active, informal caregivers, providing help with activities of daily living (ADLs) like bathing and dressing or with instrumental activities of daily living

(IADLs) like shopping and housework (Stone and Kemper 1989). Nearly 8 percent of randomly selected households have such caregivers (American Association of Retired Persons 1988). The National Survey of Families and Households in 1987 found that, among those who had living parents or were married, 11 percent were caring for disabled or chronically ill parents or spouses (McLanahan and Monson 1989).

The potential for informal caregiving among family members is growing as the population ages. Based on a national sample of frail elderly, almost 13.5 million people have a disabled elderly spouse or parent and are therefore potential caregivers (Stone and Kemper 1989).

Predominance of Women. While both men and women provide informal care to older people, estimates indicate that from two-thirds to three-quarters of caregivers are women (American Association of Retired Persons 1988; Scharlach and Boyd 1989). At the same time that women are the most frequent caregivers, women's labor force participation has increased dramatically, with more women working full time and more younger women entering and remaining in the work force, even during the peak childbearing years (Shank 1988). Today, 71 percent of women aged 25 to 54 are in the work force, compared with 51 percent 15 years ago; although the rate of increase will be slower, this trend is expected to continue. Women employed full time are considerably more likely than male workers to be active and primary caregivers (Stone and Kemper 1989).

Effects of Caregiving in the Workplace

Caregiving and Work. In studies of employed populations, single and multisite surveys have consistently found that one-fifth to one-third are caregivers for dependent elders (Travelers Companies 1985; Gibeau and Anastas n.d.; Haber, Wicht, and Shaul 1989; Scharlach and Boyd 1989). Data from a recent national sample of working women indicate that 13 percent are caregivers (Barr and Warshaw 1991). Estimates from surveys of caregivers for elderly persons indicate that from 31 percent (Stone, Cafferata, and Sangl 1987) to 42 percent (American Association of Retired Persons 1988) combine work and caregiving. However, high estimates of caregivers in the work force may be confounded by different definitions of caregiving (Gorey and Brice 1992).

The competing demands of work and caregiving pose a substantial

burden for many caregivers. Surveys report a significant difference between employed and unemployed caregivers in their feelings of stress from caring for the relative while meeting family/work responsibilities (Dellasega 1990) and a high degree of emotional burden among 41 percent of caregivers (Cafferata, Stone, and Sangl 1986). Time strain was a problem, with 20 percent reporting work conflicts (i.e., they worked fewer hours, rearranged schedules, took time off without pay); such accommodations were especially high when the elderly person had behavioral problems or required more hours of supervision (Stone and Short 1990). Surveys of employees indicate that caregivers report more job-family conflict (Scharlach and Boyd 1989) and more frequent stress in their job situation (Barr and Warshaw 1991) than employees who are not caregivers.

Workplace Problems. Several studies have identified the types of workplace problems that arise from the conflict between work and caregiving. Lateness, absenteeism, changed work schedules, time off without pay, unscheduled absences, and excessive use of the telephone are commonly cited (Warshaw et al. 1986; Brody and Schoonover 1986; Gibeau and Anastas n.d.; Stone, Cafferata, and Sangl 1987; American Association of Retired Persons 1988; Scharlach and Boyd 1989; Bureau of National Affairs 1989b). Other problems include not being able to attend meetings and conferences, missing out on job opportunities (e.g., promotions, training, job changes), and being too tired to work (Gibeau and Anastas n.d.; Scharlach and Boyd 1989). In one survey of employers, 20 percent reported visible signs of stress among employee caregivers (Bureau of National Affairs 1989b).

There are major differences among workers, depending on their occupational levels, in the impact of caregiving on their work: executives and professionals more often rearranged work schedules or reduced work hours, whereas production workers, having less flexibility, more often took unpaid leave (Mutschler 1989).

There is evidence of employees' preferences for how they would like employers to help. Among the workplace policies and programs offered by a large California organization, flexible scheduling and time off for family illness were used most frequently (by 82 percent and 74 percent, respectively) and were considered extremely helpful by 61 percent of the caregivers; one-third indicated that a proposed program of information on senior services would be most helpful (Scharlach and Boyd 1989).

Other studies have documented employee caregivers' interest in information and referral services for older people (Gibeau and Anastas n.d.; Haber, Wicht, and Shaul 1989).

Employer-sponsored Assistance for Employed Caregivers

In 1985, when the New York Business Group on Health conducted the first survey of New York metropolitan area organizations regarding employee caregivers for elderly and disabled dependents, these issues were largely unrecognized by employers (Warshaw et al. 1986). Although half of the respondents were aware of workplace problems related to caregiving, less than 15 percent reported addressing them with any specific policies or programs. More recent surveys attest to employers' growing attention to this problem (*Fortune* 1989; Bureau of National Affairs 1989b; Foster Higgins 1991).

Two points should be noted when assessing employers' eldercare activity. First, there is a distinction between formal and informal workplace activities. Many companies do not have a formal policy, or do not offer specific benefits or programs, but informal arrangements may be available to their employees. Such arrangements may be inequitable when supervisors differ in their responses to individual employees' needs. Second, some companies have policies, benefits, and programs for child care that can be adapted to apply to elders as well.

Prevalence of Employer-sponsored Policies, Benefits, and Programs

Employers are more likely to have policies for leave time and flexible work schedules, to offer financial benefits, and to provide information through referral services and workplace programs than to provide personal support to caregivers or services for elders. (Table 1 shows the types of activities that have been implemented by selected employers.)

Personnel Policies. Over 60 percent of the 371 *Fortune* 1000 corporations responding to a recent survey (*Fortune* 1989) offer unpaid leave of absence to care for a parent, 43 percent offer flexible hours, and nearly one-third offer permanent part-time work with benefits. Two other national employer surveys (Bureau of National Affairs 1989b;

TABLE 1
Eldercare Policies, Benefits, and Programs Offered by Selected Employers

Company	Policies			Information programs		Adult day care services
	Leave time	Flex-time	Financial benefit ^a	I & R	Other	
Aerospace Corporation					x	
Aetna Life & Casualty Company	x	x	x	x	x	
Alaska, State of			x			
American Express Company			x	x		
Arthur Andersen & Company					x	
AT&T	x	x	x	x	x	
Atlantic Richfield	x					
Bank America						<u>x</u> ^b
Bank of Boston	x					
Bankers Trust Company			x			
Blue Cross/Blue Shield of Indiana				x		
Campbell Soup	x					
Champion International	x		x		x	
Chase Manhattan Bank	x		x	x	x	
Chemical Bank			x			
Chevron						<u>x</u>
Ciba-Geigy	x	x	x	x	x	
Colgate-Palmolive	x		x		x	
Con Edison					x	
Control Data					x	
DuPont		x				
Eastman Kodak	x				x	
Equitable Financial Companies	x	x		x	x	
First Interstate Bank			x			
General Foods			x			
Hallmark Cards Inc.			x		x	
Honeywell Inc.		x	x			
IBM Corporation	x	x		x	x	
John Hancock			x			
Johnson & Johnson	x		x	x		
Levi Straus					x	<u>x</u>
Marine Midland Bank			x			
McKesson						<u>x</u>
Merck & Company		x				

continued

TABLE 1 continued

Company	Policies			Information programs		Adult day care services
	Leave time	Flex-time	Financial benefit ^a	I & R	Other	
Morgan Guaranty Trust	x		x	x	x	
Pacific Gas & Electric						x
PepsiCo Inc.		x	x		x	
Philip Morris				x	x	
Pitney Bowes	x	x			x	
Procter & Gamble			x			
Remington Products Inc.			x		x	
Social Security Administration (Atlanta region)	x	x		x	x	
South Carolina, State of			x			
South Western Bell					x	
Stride Rite Corporation		x				x
Time Warner, Inc.						
HBO			x	x	x	
Little, Brown and Company			x	x	x	
Time Inc. Magazines	x	x	x	x	x	
Transamerica		x	x		x	
Travelers Insurance Company	x	x	x	x	x	
Ukrops			x			
U.S. Sprint		x		x	x	
Warner-Lambert					x	
Wells Fargo						x

Sources: Bureau of National Affairs 1989a; Employee Benefit Research Institute 1988; Mutschler and Miller 1988a; personal communication with selected companies. (Note: The full extent of these employers' eldercare activities may be understated because some listed employers were not contacted personally about the availability of each of these policies, benefits, or programs.)

^a Financial benefit refers to dependent-care assistance account, reimbursement account, and/or long-term-care insurance (which may cover employees, retirees, and/or elderly dependents).

^b x = part of a consortium.

Hewitt Associates 1990) found that from 11 to 15 percent allow unpaid leave to care for elderly relatives, and one-fifth permit employees to take sick leave for a family member's illness; 42 percent in the Hewitt study offer flexible work schedules, compared with 15 percent in 1989. The

1989 U.S. Department of Labor (1990) report on employee benefits in medium and large firms indicates that 11 percent of employees had formal flexible work arrangements available from their employers. Other employers offer this policy informally (Raabe and Gessner 1988; Barr et al. 1989).

Family leave policies to allow employees time off to care for a seriously ill family member (usually with no pay, but without loss of benefits) have received increasing attention recently. Proposed federal legislation, which would require employers with 50 or more employees to provide up to 12 weeks unpaid leave per year for family or medical reasons while maintaining benefits and job guarantees, was passed by both houses of Congress in the fall of 1991. These bills limit eligibility to employees who worked at least 1,250 hours in the previous 12 months and were employed for at least one year.

Although a majority of state legislatures has considered such an initiative, only California, Connecticut, the District of Columbia, Maine, New Jersey, Rhode Island, and Wisconsin currently require private employers to provide unpaid leave for serious illness of a family member, including an elderly parent; Florida, Hawaii, North Dakota, Oklahoma, Oregon, Rhode Island, and West Virginia have such legislation for state employees only (Women's Legal Defense Fund 1990, 1991a). This legislation varies by state in the amount of leave time specified and the size of firm to which the law applies.

Federal estimates project costs to employers of \$35 million annually for leave to care for seriously ill parents and \$142 million annually for leave to care for seriously ill spouses (U.S. General Accounting Office 1989). These cost estimates are based on group health insurance coverage by employers with 50 or more employees. However, employers—especially smaller firms—fear that they will face unmanageable staffing problems and excessive costs. Moreover, because many employers already provide leave time, they argue that mandates are unnecessary.

Financial Benefits. Programs to help employees pay for dependent care expenses include the dependent care assistance program (DCAP) and reimbursement accounts, established through federal legislation.¹ These plans allow employees to place pretax dollars in special accounts set aside to pay for dependent care expenses, including care for an elderly dependent. Disincentives to the use of these options include the

¹ Internal Revenue Code. §§125 and 129.

definition of who qualifies as an adult dependent under the tax law and the requirement that the employee forfeit unused set-aside funds at the end of the year.

The Foster Higgins annual health care benefits surveys are based on responses from 1,500 to 2,000 employers nationally representing a wide range of industries that vary in size from under 500 to more than 40,000 employees. In 1990, half of the surveyed employers with 1,000 or more employees offered the option of a reimbursement account on a pretax basis to pay for medical or dependent care expenses for children and elders, up from 41 percent in 1989 (Foster Higgins 1991). Participation, however, has remained low for the past four years, averaging 5 percent or less of eligible employees.

The U.S. Department of Labor (1990) survey of full-time employees in medium and large firms in 1989 found that 23 percent were eligible for reimbursement accounts, up from 12 percent in 1988. These accounts are applicable to eldercare expenses in most plans. Only 7 percent of employees in small firms (fewer than 100 employees) have reimbursement accounts available (U.S. Department of Labor 1991a), but 31 percent of state and local government employees had this benefit (U.S. Department of Labor 1991b).

Despite recent expansion of employer-sponsored long-term-care insurance for employees and retirees (Health Insurance Association of America 1990), these plans may not cover an employee's elderly parents or parents-in-law. When they do, such group policies tend to restrict coverage of elderly relatives with impaired health. American Express and Procter & Gamble have offered long-term-care benefits to employees and their parents since 1988. Since 1990, AT&T has offered long-term-care insurance under their flexible benefits package for management employees; the employee pays the full premium and has the option of covering self, spouse, parents, parents-in-law, and grandparents (Banach 1991). Although employer-sponsored plans are a vehicle to provide group coverage, in nearly all instances the employer does not contribute to the costs except for administering the plan; employees must pay the full premium. Few employers provide a subsidy or vouchers to purchase services for elders (*Fortune* 1989).

Caregiver Information. The Federal Older Americans Act (OAA) of 1965 mandated services to help maintain elderly persons in the community, among them resource information and referral, which "gained priority on the OAA agenda" in 1978 and 1981 (Mutschler and Miller

1989b). Early surveys of caregivers (Travelers Companies 1985; Gibeau and Anastas n.d.) pointed to employees' need for assistance in locating community services such as nursing homes, home-delivered meals, and medical care, particularly as most agencies are open only during working hours (Warshaw et al. 1986). In addition, the complex medical problems experienced by older people, the psychosocial adjustments involved as parents increasingly depend on adult children, and the financial and legal issues that arise mean that employees often need more information on the aging processes, appropriate services, and program eligibility requirements.

Information and referral (I & R)—as well as consultation and referral—programs are more costly to provide; however, they are intended to save the employee time and effort in arranging services for an elderly family member, particularly when the relative lives in a distant geographic location. For example, the IBM Corporation contracts for an I & R program provided free to the employee; the program helps the employee locate and arrange for needed resources (although the employer does not pay for their use) in any area of the country.

One quarter of the corporations responding to the *Fortune* (1989) survey offered employees I & R for services to older people. More recently, Foster Higgins (1991) reported that 14 percent of employers with 1,000 or more employees offered I & R for such services. Although these programs are usually available to the employee free of charge, the employee nevertheless is responsible for the costs of the services used by older people. The cost to the company varies, depending on whether it uses in-house staff, community agencies, or private vendors, and with the fee arrangement (e.g., per employee or per case).

Caregiver Support. Many companies, especially larger ones, have installed an employee assistance program (EAP) that can respond to some of the needs of employee caregivers (Bureau of National Affairs 1989b; *Fortune* 1989). EAP staff are trained to recognize these complex and stressful problems and they can counsel employees, for example, about “normal” aging, and refer them, if needed, to community services. Some firms have incorporated eldercare information in their EAP training program to help managers become more “family friendly,” alerting them to caregiver issues that may underlie performance problems and how the company might offer support. Unions sometimes offer counseling and referral through member assistance programs.

Only a few employers sponsor peer support groups for employees.

This activity can assist employees by providing a comfortable arena to vent problems, discuss common concerns (e.g., safety measures at home) and feelings (e.g., guilt about an elderly parent), and gain needed information. Some companies sponsor support groups at the work site, usually during the lunch hour or after regular work hours (Herchenroether 1989). Others may pay the fee for employees to attend off-site sessions modeled as a group exchange and support activity.

Services for Elders. Few employers provide direct services for employees' elderly relatives. A prominent exception is the intergenerational day care center for employees opened by the Stride Rite Corporation in 1990 at its corporate offices in Massachusetts. The center accommodates both young children and elders, with opportunities to interact in various activities, as well as separate areas and programming; it also offers spaces to community residents. An innovative approach to the problem of unrelieved burden and burnout has been implemented by the International Ladies' Garment Workers' Union (ILGWU). Through the "Friendly Visiting" program, retirees are trained to provide respite services for union members, giving temporary relief from caregiving responsibilities. Approximately 300 requests nationwide have been filled in the past year (J. Wineman, Director of Retiree Services, ILGWU 1990: personal communication).

Unions have also supported community services for older people. Recent negotiations between AT&T, the Communications Workers of America, and the International Brotherhood of Electrical Workers resulted in a package of employee benefits relating to dependent care issues. A \$10 million Family Care Development Fund will support community-based services to meet the needs of employees caring for children and elders. In 1988, MONY Financial Services funded a community-based respite program in which a local nursing home provided short-term care in the homes of Alzheimer's patients to give family caregivers time off.

Employer Characteristics and Eldercare

Little is known about the characteristics of firms that are likely to adopt eldercare activities. Among Fortune 1000 companies, service organizations provided eldercare activities more frequently than industrial organizations, and nonunionized companies more often than unionized ones; however, these companies did not report any differences, beyond

employees' experiencing more stress, in the work-related problems of employees who are caring for older people (*Fortune*, 1989).

The Bureau of National Affairs (1989b) survey of personnel and industrial relations executives revealed that manufacturing firms consistently offered fewer eldercare policies and financial benefits than nonmanufacturing businesses. Smaller organizations (employing fewer than 1,000 workers) were less likely to offer flexible and part-time work schedules or dependent care reimbursement accounts. Pretax set-aside reimbursement accounts were offered more frequently by larger employers (more than 10,000 employees) and by firms in the financial and communications industries (Foster Higgins 1991).

Larger firms tend to offer a wider range of health promotion programs than smaller firms (Hollander and Lengermann 1988; Fielding and Piserchia 1989), suggesting the need to design program models that fit the needs and resource capabilities of small- and medium-sized employers. Industries may differ in their proportion of female employees; eldercare activities may have to reflect such differences.

How Eldercare Programs Are Working

It is difficult to measure the impact of eldercare programs on employee caregivers and on the organization. Evidence consists of anecdotes about how some companies view their experience, sparse survey data on the extent of program use by employees, and statistics reported by a few companies based on their internal program monitoring. Only one study has formally attempted the ideal approach to evaluation of employer offerings by measuring program objectives and outcomes and tapping the perspectives of both employers and employees (Garrison and Jelin 1990). Based on available evidence, some advantages and disadvantages of employer-sponsored eldercare activities can be discerned.

Participation. One question is whether employees use the eldercare policies, benefits, and programs. For example, following initial high use in the start-up period (early 1988), IBM's Elder Care Referral Service has received calls from about 4 percent of the work force per year (C.G. Oltrogge, Program Manager, Executive Resources, IBM Corporation 1991: personal communication). This figure is consistent with reports from other companies (Garrison and Jelin 1990). Participation in tax-free dependent care accounts (for both elders and children) has similarly averaged less than 5 percent. Eldercare seminars (as opposed to tax pro-

grams) reach more employees and seem to be favorably received (Herchenroether 1989; Garrison and Jelin 1990). Obviously, there is a gap between the users and others who could benefit but do not use the programs.

Callers to IBM's I & R program have been nearly evenly divided between men and women; most of the callers were current employees, and 14 percent were retirees (C.G. Oltrogge 1991: personal communication). Users of Aetna's eldercare program were three-quarters female, reflecting the work force; 89 percent were employees and 11 percent were spouses (Herchenroether 1989). Many caregivers use an I & R service for help with elderly persons who live in a different geographic area; some users are younger potential caregivers desiring information for anticipated future needs (C.G. Oltrogge 1991: personal communication; Garrison and Jelin 1990).

Program Impact. IBM reported high satisfaction based on eight-week follow-up calls to employees who used the Elder Care Referral Service (C.G. Oltrogge 1991: personal communication). Over 90 percent of Aetna's employees rated the eldercare I & R service helpful and would use it again (Herchenroether 1989). Over half (58 percent) of the users in another survey (Garrison and Jelin 1990) said that caregiving responsibilities caused problems at work; of these, a majority reported that the eldercare service in the workplace had helped with their needs, predominantly for home care, institutional long-term care, and Medicaid. In a California company, caregivers found policies for flexible hours and family illness hours most helpful (Scharlach and Boyd 1989).

Program users usually have immediate or ongoing care problems (Garrison and Jelin 1990), whereas participants in support groups tend to be prompted by more emotional concerns. Respondents to a questionnaire at the end of a six-week, multiemployer support group for women caregivers said the most helpful aspects of the program were (1) the opportunity to exchange ideas and share common concerns with others who have similar problems, and (2) the emotional support of a group, especially one that preserved anonymity by using first names and not identifying employers (Sherwood 1990). Participants valued these psychosocial dimensions of the group interaction more than the program's didactic components.

To assess employers' responses, the New York City Partnership for Eldercare recently interviewed senior managers about the eldercare services provided by the partnership to three private corporations and two public

agencies (Garrison and Jelin 1990). All managers reported favorable employee response while offering suggestions to improve and expand the program. The experience with different types of organizations reinforced the Partnership's menu model, which tailored program services and activities to employee and organizational needs.

A U.S. Small Business Administration study documenting employer costs for family and medical leave concluded that turnover is considerably more costly to employers than granting leave, and that most employers use cost-effective strategies for managing work during leave (Women's Legal Defense Fund 1991b). In addition to fees for outside providers, the costs for eldercare programs include developing and distributing written materials to employees, providing space for seminars, and staff time (Garrison and Jelin 1990). To determine the effects of eldercare in the workplace, these and other employer costs must be assessed against employee distress, performance problems, absenteeism, and turnover.

An Integrated Strategy. There is increasing interest in a flexible approach that integrates policies, benefits, and programs, not only for employee caregivers of elderly persons, but also for all dependent care needs. For workers whose financial needs are great, a tax-free reimbursement account to help pay for dependent care or for long-term-care insurance for dependents is most useful. Others may need a policy of flex-time or leave time with job guarantees, especially when dealing with an acute illness in an older person. Still other employees can maintain work schedules and finance care needs if someone helps them to locate the needed resources, particularly during a medical crisis or change in the dependent care situation. At times, these needs intersect. Caregiver problems may be submerged, coming to the fore only when employees' work performance falters or when some other problem is probed. For example, the nurse who is approached about headaches may be the first to learn of a caregiving problem. Conversely, the employee who requests information about finding a home care worker may need personal counseling to manage the stresses and strains of the situation; although the home care services are the employee's responsibility, the personal counseling may be a mental health benefit that the company provides.

When the eldercare program is incorporated into a full program of family or dependent care, these linkages can be made more easily. One tactic is to house the dependent care program in a corporate employee

assistance program (EAP) (Penny Brieman, Director of Health Services, Equitable Financial Companies 1990: personal communication). Employees contact the EAP when a counselor assesses the problem or need, and, for example, if the request is for resource information and referral to appropriate services, the employee can be directed to a local eldercare specialist (as part of a contractual arrangement with a vendor agency). Meanwhile, the EAP counselor may help with other issues, such as advice about company policies, communicating with the supervisor, and coordinating other benefits. Some companies prefer this internal linking through the EAP, while others ask employees to contact a contractual provider directly, or they use multiple routes, including medical and personnel departments (Garrison and Jelin 1990). AT&T and Time Warner, Inc. have a separate work and family unit that is responsible for dependent care concerns.

A more unified focus on family care needs does not obscure differences, for example, between care of healthy children who are growing toward independence and the needs of elderly parents who may become more dependent. At the same time, the complexity and heterogeneity of needs among many elderly care recipients may require a broader array of services.

Policy Issues

There are several policy issues that should be addressed as the country's public and private sectors struggle to meet the needs of an aging population.

Employers' Role: Stability of the Work Force and Eldercare

Current conditions of economic stringency have put employers under pressure to enhance and maintain employee productivity. With an aging population and a labor force that is increasingly female, employers can expect to experience the effects of employees' conflicts between caregiving and job responsibilities. Smaller firms, in particular, may feel more of these problems, yet have fewer resources available to address them.

A special problem for employers is benefits design. The definition of who is a caregiver limits which employees are eligible for eldercare benefits; is eligibility restricted by age of care recipient or other characteristics (as in the federal tax law and some I & R programs), and does it include temporary illness and disability? What can be learned from caregivers who are managing well and for whom routine caregiving is not a problem (Tennstedt and McKinlay 1989)? Eldercare may be an added employee benefit, or it may be used to "balance" the employer's requirement that employees pay a larger share of the cost of their health insurance benefits in contributions to premiums, deductibles, and copayments.

Role of Government: Balance with Community and Employers

To date, this country lacks a unified family policy. Enactment of a congressional bill mandating family leave for employees would impose this policy on employers. At issue is how much government will provide to assist caregivers of dependents of all ages and how much should be the responsibility of individuals, their employers, and the community.

Family Leave Policies. On the national level, current legislation mandating family and medical leave, including care of a sick relative, is awaiting resolution of the House and Senate versions. The Family and Medical Leave Act then will be sent to President Bush, who vetoed a similar bill in 1990. More than 40 senators and 179 representatives are cosponsors of the legislation. Recent public opinion polls indicate widespread support for unpaid leave for birth, adoption, or family illness; some 240 organizations have endorsed the federal legislation mandating leave (Women's Legal Defense Fund 1991b).

Opposition to family leave mandates comes from employers' organizations like the National Federation of Independent Businesses, the U.S. Chamber of Commerce, and, on the state level, for example, the Business Council of New York State. Their concerns are with the costs of hiring temporary employees, lengthy absences, and work disruptions. Proponents point to cost estimates from the U.S. General Accounting Office study (1989), with its comparisons indicating that termination costs are higher than leave costs, and to data showing that 80 percent of employees taking unpaid leave to care for an elderly person were absent no more than five days (Women's Legal Defense Fund 1991b).

Government-mandated employee leave policies in many other countries are fairly generous. Minimum annual paid leave policies usually allow employees the flexibility to use this time for care of family members. Yet few have established policies specifically for family leave in time of illness, and only two—Norway and Austria—mandate leave to care for sick relatives other than children (Women's Legal Defense Fund 1991a). Comparing parental leave policies in the United Kingdom, Germany, and Sweden, Stoiber (1990) concluded that extensive leave and job protection may result in fewer opportunities for employment and promotion, whereas optional policies may exclude low-wage workers. Her recommendation is to legislate a minimum leave policy, which employers can expand as desired.

Community Care. The government has tried to strengthen community care through the Area Agencies on Aging at the regional, state, and local levels under the U.S. Administration on Aging. These agencies work with community organizations to provide care for older persons and to make services more available. Programs include information and referral, outreach, and specific services like home-delivered meals. Government agencies also have programs for caregivers. For example, the New York State Office for the Aging initiated a caregiver training program in 1985; recently, it funded 17 Area Agencies on Aging to develop caregiver resource centers that both provide caregiver training, support groups and counseling, needs assessments, and a resource library and make efforts to identify and serve caregivers (New York State Office for the Aging 1991). Other agencies work with employers to provide information about aging and resources through caregiver fairs, print materials, employee seminars, and I & R programs.

We can compare our efforts with those of the United Kingdom (UK), where one in seven adults is looking after an elderly or disabled person (Family Policy Studies Centre 1989). The demographics of their caregiving population are similar to those in the United States, with over half of the six million unpaid "carers" employed in the work force, which translates to a total of one in nine full-time employees and one in six part-time workers. Recent surveys in the United Kingdom confirm the need to address carers in the workplace. A government survey on women and employment found that half the carers for elders said caregiving interfered with having a job; over one-quarter limited work hours and 10 percent took time off for caregiving (Worman 1990). The needs are familiar: financial help, information on resources, assistance with ar-

ranging resources, flexible work schedules, and general support (Whatmore and Mira-Smith 1991).

A wide range of public and private programs and services has been mobilized to assist carers in the United Kingdom, stimulated in part by government-sponsored "demonstration districts for informal carers" in 1986 (Hills 1991). National policy was set forth in a 1989 government blueprint intended to improve the capability of informal carers to provide community care for elderly and disabled persons (Secretaries of State for Health, Social Security, Wales and Scotland 1989). Recognizing the needs of employed carers, the National Health Service now provides short-term leave, usually paid, for their employed carers confronting family illness or making alternative carer arrangements (Department of Health 1991). The Departments of Health and Social Security reimburse "reasonable and unavoidable extra family care expenses" for employees whose job requires working longer hours or traveling to other locales (Department of Health 1990).

Private-sector employers in the United Kingdom, on the other hand, have been virtually unaware of the needs of employees who are carers (Worman 1990). One exception is the eldercare program being initiated by Marks and Spencer, a recognized leader in providing employee benefits. Hoping to set a model for other employers, the company is launching a three-pronged approach: an eldercare policy for active staff, a trust fund to assist retirees, and worksite services such as information fairs and employee counselors (D.M. Miller, Medical Director, Marks & Spencer 1991: personal communication).

Needs for Future Research

We need information on which sectors achieve greater success in meeting different caregiver needs and how these efforts can be integrated. The current state of knowledge in the worksite eldercare field suggests several directions for future research.

Survey of Employers. Despite anecdotal reports, some case studies, and few surveys of employers, we need a large-scale survey of different types and sizes of organizations to document more fully the prevalence and nature of their eldercare policies, benefits, and programs; how they are integrated into other areas of the firm; what motivations and barriers exist to establishing various eldercare components; and their history and effectiveness. This information would help identify patterns in the

adoption of eldercare activities and guide employers' approaches to caregiver issues for their own work forces.

Several types of organizational data should be collected that include the organization's environment (geographic location, regulations, unionization), the formal internal structure, the informal organization and culture, the industry (types of work and products), size and demography of the work force (age, gender, and ethnic distribution). Incorporating such characteristics in the analyses will help to explain organizational variability when comparing results across workplaces and in understanding patterns in the adoption of caregiver programs. In particular, we need to address the role of small employers in responding to the needs of their caregiving employees and to develop models that smaller workplaces can adopt.

Evaluation of Workplace Initiatives. The few reports on employee participation and satisfaction with eldercare programs emphasize the need for a more systematic determination of how these programs operate, what works under different conditions, and what effects these activities have. For example, relatively low rates of participation in some programs suggest the need to examine their design against employee needs (e.g., DCAP) and to address the often episodic and crisis nature of eldercare. Further, improved communication among different work units and departments may be needed to ensure that employees and supervisors are informed about available benefits, policies, and programs and that all employee caregivers who need assistance are getting it.

To assess the effects of caregiver programs in the workplace, research should focus on employee outcomes like absenteeism, illness and use of health benefits, and turnover. Objective assessment is contingent on the accessibility, completeness, and accuracy of such information in company records, as well as on the need for confidentiality. Researchers may probe employees' self-reports of caregiver strain and burden, their satisfaction with available workplace assistance, and the effects of competing work and family demands on opportunities for job advancement. Supervisors' assessments of job performance and productivity, personal telephone use, unplanned time off, and morale can also be used to measure outcomes. Other outcome measures might focus on the health and well-being of the elderly recipient of care. Long-term outcomes, such as avoiding institutionalization for the elderly person, suggest that program effects should be viewed in terms of preventing problems that might have arisen had no workplace programs been in place.

Role of the Manager/Supervisor. Although corporate officers have been surveyed, virtually no research has been directed to the unit managers and front-line supervisors, who are most directly faced with the problems of employee caregivers. However, immediate supervisors have been important in informally assisting their subordinates. A study of supervisors should determine how well they are trained to deal with eldercare problems; how detailed is their knowledge of the company's policies, benefits, and program; what barriers exist to using them effectively; and how the nature of the work and the characteristics of the work unit condition their responses. Where there is an EAP, the analysts could examine the types of cases that it handles, how it deals with them, how it makes linkages and referrals both within and outside the company, and how well it is integrated with other caregiver activities.

Conclusion

The importance of the informal support system for the care of elders and the intersection of work and family caregiving is gaining wider recognition. We should evaluate carefully the role of employers in helping employees maintain their work obligations and productivity while meeting family responsibilities. Further research is required to determine the willingness of employers to adopt various types of eldercare activities and to document and assess their implementation.

Employers need data in order to implement the most appropriate eldercare programs for their work forces, particularly smaller employers. Stronger links between employers and the community can encourage the best use of existing services as well as helping to identify and correct any gaps. Comparisons with the United Kingdom suggest that the government could play an effective role, first as an employer of working caregivers; second as a sponsor of agencies providing services; and third as a legislator/regulator influencing the availability of services through tax incentives and employer mandates.

Finally, it is necessary to consider the aging population with its concomitant chronic illness and disability, the central role of informal support systems in minimizing the burden of caring for older persons, and the movement of women, the traditional caregivers, into the labor force when developing support strategies. Programs will vary, depending on their targets: potential caregivers, who need help planning for antici-

pated care needs; routine caregivers, who are providing "normal" help to an aging parent; and active caregivers, who may be responding to a serious illness or crisis situation and are responsible for ongoing care.

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